



Training Course Enrolment Form

Course Name:

Course Date:

By enrolling on this course with this form, you agree you have read the pre-course information sheet and agree to our cancellation policy.

Your place on the course is provisionally booked on receipt of this form - but is not confirmed *until full payment is received* prior to the course. An invoice will be sent to your billing address. Please inform Tracy James if you have any questions and/or if you wish to make specific arrangements regarding payment.

Name of delegate	
DOB	
Work Address	
Position / Title	
Billing address (if different from above)	
Email address*	
Mobile Phone number^ & Emergency contact no.	
Please specify any dietary requirements:	



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Email: tjaudiology@outlook.com

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Please specify any learning requirements:
How did you hear about TJ Audiology Services?

*Email address required to send pre-reading material and course information

^Phone number required in case we need to contact you on the day (e.g. if running late)